

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2004 JUL 14 PM 4:10

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health and Human Services, Adult Mental Health Services

Division/Unit: System of Care

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.): First Year SDSU MSW Interns

No. Vol.	0	Hours	600	X	\$17.19	=	\$10,314.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Follow-up report on clients discharged from Cresta Loma IMD to determine outcome.

Reported on client discharge from day treatment and IMDs.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.): N/A

No. Vol.	0	Hours	0	X	\$17.19	=	\$0.00
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- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

Position	Hours	X	VCL	=	Dollar Benefit
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category: **N/A**

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
1	600	\$10,314
0	0	\$0
0	0	\$0

TOTALS:	Total Hours	600	Total Value	\$10,314.00
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3. DONATIONS TO VOLUNTEER PROGRAM: **N/A**

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE: \$0.00

4. VOLUNTEER PROGRAM COSTS: **N/A**

- a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

30 X \$35.00

\$1,050.00

- b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.) **N/A**

Hours X Rate

\$0.00

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$1,050.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$10,314.00

b. Total of Donations to Volunteer Program, Item 3 \$0.00

c. Subtract Total of program Costs, Item 4d \$1,050.00

TOTAL PROGRAM BENEFIT:

\$9,264.00

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6. RECRUITING:

Please describe your recruiting programs:

San Diego State University MSW Intern Program

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Provided a resource directory to the system for psycho-social rehabilitation services**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

System redesign, implementing psycho-social PSR, dual-diagnosis initiative, older adult and use transition services into the system re design.**9. GENERAL INFORMATION:**

Name of person completing report:

Lori Thibault for Debbie Malcarne

Phone:

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Volunteer Coordinator:

Lori Thibault

Phone:

563-2714Mail Stop: P531F

E-Mail:

lorithibault@sdcounty.ca.gov**10. DEPARTMENT CERTIFICATION:**
DEPARTMENT HEAD SIGNATURE7-8-04
DATE

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